

CAUTION: THESE RECORDS WILL BE USED FOR OFFICIAL PURPOSES ONLY. DO NOT REMOVE PAPERS NOR REVEAL CONTENTS TO PERSON CONCERNED. RETURN THEM PROMPTLY.

TRANSFER SLIP

No. A5 023471

DATE OF REQUEST

10-17-51

3

✓ RECORDS DESIRED	201 FILE	ENL REC	EFF REP	MED REC	LETTER	IND	MEMO	RADIO	OTHER (Specify)	LAST DATE
FILE OR SERIAL NUMBER AND SUBJECT	293. Porter, Howard K. 17068393									REQUESTED PAPERS NOT IN FILE
TO	NAME AND EXTENSION OF PERSON REQUESTING FILE				DIVISION, BRANCH, SECTION, BUILDING AND ROOM NUMBER					
RETURN TO	Hank Noel 54180				O P M S 1st					
INSTRUCTIONS	219 North Lee Street Alexandria, Virginia				DATE RETURNED				TO RETURN FILE, INITIAL HERE	
When transferring file to another person, complete self-addressed transfer coupon below, detach, stitch to blank letter-size paper and place in out-going mail service.										

TRANSFER COUPON

TRANSFER COUPON

TO:	43 Porter Howard K.	
NOTE THAT FILE OF:	17068393	
HAS BEEN TRANSFERRED TO: (Name)	Headstone B.	
DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.	Memorial Div	
DATE	SIGNATURE	
10-17-51	A. Noel	

No. A5 023471

219 North Lee Street Alexandria, Virginia

used.

☆ U. S. GOVERNMENT PRINTING OFFICE 1951-933601

OCT 19 1951 LIST

DUPLICATE

CHECK TYPE REQUIRED
(See Instructions attached)

- ☐ UPRIGHT MARBLE HEADSTONE
☐ UPRIGHT GRANITE HEADSTONE
☐ FLAT MARBLE MARKER
☒ FLAT GRANITE MARKER
☐ BRONZE MARKER (NOTE RESTRICTIONS)

APPLICATION FOR HEADSTONE OR MARKER

First week of

(Please make out and return in duplicate)

ENLISTMENT DATE

Sept 3 1942

DISCHARGE DATE

Killed in action

SERIAL No.

17068393

PENSION No.

none.

STATE

Iowa

RANK

T/5 Cpt

U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION

EMBLEM (Check one)

- ☒ CHRISTIAN
☐ HEBREW
☐ NONE

COMPANY

Hq Co. 2nd

NAME (Last, First, Middle Initial)

Porter, Howard Ross

Aug. 14, 1920

DATE OF BIRTH (Month, Day, Year)

DATE OF DEATH (Month, Day, Year)

June 6, 1944

NAME OF CEMETERY

Rose Hill Cemetery

SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY)

Mrs. Florence M. Porter

(SIGNATURE OF CONSIGNEE)

506 Prcht. Inf. 101st Airborne

LOCATION (City and State)

Eagle Grove, Iowa

NEAREST FREIGHT STATION (City and State)

Eagle Grove Iowa

POST OFFICE ADDRESS OF CONSIGNEE

522 S. Commercial Ave

DO NOT WRITE HERE

FOR VERIFICATION

OCT 19 1951

ORDERED

B/L

SHIPPED

certify this application is submitted for a stone for the unmarked grave of a veteran.
 hereby agree to assume all responsibility for the removal of the stone promptly upon
 arrival at destination, and properly place it at the decedent's grave at my expense.

Mrs. Florence M. Porter Oct 9, 1951

APPLICANT'S SIGNATURE

DATE OF APPLICATION

ADDRESS (Street, City, State)

522 S. Commercial Ave, Eagle Grove Iowa

OQMG FORM
REV 6 NOV 45 623

IMPORTANT—Complete Reverse Side

16-11483-5 GPO

FOR ORD. 27 NOV 1951

I HEREBY CERTIFY that the type headstone or marker requested by the applicant will be permitted at the grave.

(Be sure you have noted what type is indicated by applicant on form)

Norman Arne
(Signature of superintendent, sexton, or caretaker)

Date October 1, 1951

Return to: OFFICE OF THE QUARTERMASTER GENERAL,
MEMORIAL DIVISION,
WASHINGTON 25, D. C.



LIST NOV 1 1951 NOV 25 1951 NOV 25 1951

ORIGINAL ORDER

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENL
WASHINGTON 25, D. C.

FLAT GRANITE MARKER

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat granite marker you ordered. CHECK IT CAREFULLY before the marker is manufactured. Check the INSCRIPTION, NAME AND LOCATION OF CEMETERY. Check with CEMETERY OFFICIALS and make sure a government flat granite marker will be allowed at grave. Check NAME AND ADDRESS OF THE PERSON to whom marker is to be shipped. After you have CORRECTED ANY ERRORS, sign and return promptly in the inclosed envelope which requires no postage.

UNTIL YOU RETURN THIS SLIP THE FLAT GRANITE MARKER CANNOT BE ORDERED. DO NOT DELAY-SIGN & RETURN TODAY.

INSCRIPTION: LATIN CROSS

ROSS
HOWARD ROSS PORTER / IOWA / TEC5
WORLD WAR II / AUG 14 1920

506 PRCHT INF 101 ABN DIV /
JUNE 6 1944

SHIP TO: MRS FLORENCE M PORTER
522 S COMMERCIAL AVE
EAGLE GROVE
IOWA

R. R. STATION:

FOR:

R. R. STATION:

APPLICANT:



CEMETERY:

ROSE HILL
EAGLE GROVE
IOWA

CAB

Q&MG FORM
Rev. 1 NOV. 48 312

APPROVAL AND ACCEPTANCE

SIGNATURE

Mrs. Florence M. Porter

ORIGINAL ORDER

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENL
WASHINGTON 25, D. C.

FLAT GRANITE MARKER

Below you will find a copy of the original record as it will appear on the flat granite marker you ordered. CHECK IT CAREFULLY before the marker is manufactured. Check to see if the inscription, name and location of cemetery, class and grade are correct. If you find any errors, please correct them immediately and return the record to the Quartermaster General, Washington 25, D. C. DO NOT DELAY SIGN & RETURN TODAY.

INSRIPTION: LATE CROSS
HOWARD HOBBS PORTER / TOWA / TEC5
WORLD WAR II / AUG 14 1930
JUNE 6 1974
505 PRCHT INF 101 ABN DIV A

SHIP TO
MRS FLORENCE M PORTER
525 S COMMERCIAL AVE
EAGLE GROVE
IOWA



APPROVAL AND ACCEPTANCE

FORM 312
REV 1 NOV 48

Oct. 9, 1951.

The Quartermaster General.
Memorial Division
Washington 25 - D.C.



Dear Sir:- I am the mother
Howard Ross Porter and will accept
the marker, when it arrives, and
see that it is properly placed.

Sincerely

Florence Margaret Porter.
522 S. Commercial Ave.
Eagle Grove, Iowa.

Eagle Grove, Iowa
Nov. 6, 1951

Dear Sirs;—

My son's name was

299

HOWARD ROSS PORTER.

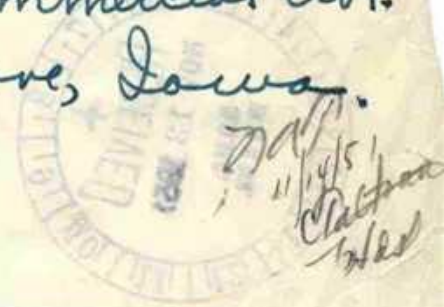
(not Howard Rose Porter as this
slip recorded)



Sincerely,

Mrs. Florence M. Porter
522 S. Commercial Ave.
Eagle Grove, Iowa.

Stored 11/29/9
8/C/51





2009 2 25

Nov 13 1951

Wm. F. Brown

2009 2 25

(Robertville file)

2009 2 25

HOWARD ROSS BOBTER

Wm. F. Brown

2009 2 25

Nov 13 1951

Wm. F. Brown

RECEIPT OF REMAINS
DAY LETTER

DISTRIBUTION CENTER AGR DIV., CHICAGO QUARTERMASTER DEPOT
1819 W. PERSHING RD., CHICAGO, ILLINOIS

CHARLES A. KASTLER
COR. BROADWAY & CADWELL
EAGLE GROVE, IOWA

ROUTINE

REMAINS CONSIGNED TO:

17068393
REMAINS OF THE LATE T/5 HOWARD R. PORTER
BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 23,
C. & N. W. RR.

LEAVING CHICAGO 8:30 PM., C.S.T. TUESDAY 18 MAY 1948
AND DUE TO ARRIVE EAGLE GROVE, IA., 8:25 AM., C.S.T. WED. 19 MAY 1948
REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS
TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER 4789.

REPATRIATION
RECORDS BRANCH

MAY 7 1 42 PM '48

MEMORIAL DIVISION

CARROLL J. GRINNELL
LT. COL. Q.M.C.

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF THE REMAINS OF THE ABOVE-NAMED DECEASED

THIS 19 DAY OF May, 1948

Lyle A. Thompson
WITNESS (Escort)

Charles A. Kastler
CONSIGNEE

REV. 18B

VEB

File
has
Records Annotates
11 June 48
M. Smith
FRL

JLJ

1

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3584 01574

DATE
15 12 47
DAY MONTH YEAR

NAME
PORTER HOWARD R

SERIAL NUMBER
17068393

RANK
TEC5

ARM
1

DATE OF DEATH

CEMETERY
ST MERE EGLISE NO 1 - CARENTAN

DAY MONTH YEAR

DISPOSITION OF REMAINS
7200 08

PLOT B ROW 5 GRAVE 99 COUNTRY FRANCE

CODE DIST. PT.

CAUSE OF DEATH

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

CHARLES A. KASTLER
COR. BROADWAY & CADWELL
EAGLE GROVE, IOWA

NAME AND ADDRESS OF NEXT OF KIN

MR. WALTER B. PORTER (FATHER)
522 SOUTH COMMERCIAL
EAGLE GROVE, IOWA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME
PORTER, Howard R.

SERIAL NUMBER
17068393

RANK
T/5

DATE OF DEATH
12 JUNE 44

DATE DISINTERRED
23 MAR 48

IDENTIFICATION TAG ON

☒ REMAINS

☒ MARKER

ORGANIZATION

USAGF

RELIGION

P

IDENTIFICATION VERIFIED BY

John M. Peacock, Embalmer
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Uniform

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

None

MINOR DISCREPANCIES /

None

REMAINS PREPARED AND PLACED IN CASKET / Transfer Case.

DATE 31 March 48

CASKET SEALED BY

W. T. Bush

BY John M. Peacock.

EMBALMER (Signature)

W T Bush

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY All markings, tags and plates verified by?

DATE 2 APR 48 BY H.B. Ryder

JOHN PALYOK, JR, 1/Lt. John Palyok Jr.

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

except casketing

KANEMISTU, ITO, 1/Lt., Inf.

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

4789

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM St. Mere Eglise No.1, Carentan		TO Casketing Point A, Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER T/5 Gregory	
SIGNATURE OF SHIPPER W.T. DAILEY, Capt., QMC	DATE 1 APR 48	SIGNATURE OF RECEIVER <i>E.N. CIAMPO</i> E.N. CIAMPO, 1/Lt., FA	DATE 1 APR 48

2. SHIPPED

FROM Casketing Point A, Cherbourg		TO Port Unit, Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER <i>Cain</i>	
SIGNATURE OF SHIPPER <i>E.N. CIAMPO</i> E.N. CIAMPO, 1/Lt., FA	DATE 1 APR 48	SIGNATURE OF RECEIVER <i>John E. Hendry Jr.</i> JOHN E. HENDRY, JR, MAJOR, CAC	DATE

3. SHIPPED

FROM CHERBOURG PORT UNIT		TO NYPE	
KIND OF CONVEYANCE USSS LAWRENCE VICTORY		NAME OF CONVOYER JOSEPH J. CARROLL, 1st Lt TC	
SIGNATURE OF SHIPPER JOHN E. HENDRY JR MAJ. CAC	DATE 26 April 48	SIGNATURE OF RECEIVER <i>Joseph J. Carroll</i>	DATE 26 APR 1948

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER NAVCE	DATE	SIGNATURE OF RECEIVER <i>James L. McKinnon</i> COLONEL T. C. PORT TRANSPORTATION OFFICER	DATE MAY 7 1948

5. SHIPPED

FROM <i>ny PE</i>		TO <i>SS 8</i>	
KIND OF CONVEYANCE EXGTE GROAE' IOMV <i>Cain</i>		NAME OF CONVOYER <i>James L. McKinnon Capt.</i>	
SIGNATURE OF SHIPPER JAMES L. MCKINNON CHARGES COLOMBELLE C. PORT TRANSPORTATION OFFICER	DATE MAY 9 1948	SIGNATURE OF RECEIVER <i>J. A. Denton</i> J. A. DENTON	DATE MAY 10 1948

6. SHIPPED

FROM		TO Chief, Operations Br.	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

INSPECTION CHECKLIST

NAME <i>PORTER, HOWARD R.</i>	RANK <i>TEC-5</i>	SERIAL NUMBER <i>17068393</i>
NEXT OF KIN	ADDRESS	

SHIPPING CASE - General Appearance <i>(Check ONLY Discrepancies)</i>	CONDITION OF SHIPPING CASE (Check One) ☒ SATISFACTORY ☐ UNSATISFACTORY						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">FINISH (Exterior)</td><td rowspan="5" style="width: 50%; vertical-align: top;">REMARKS</td></tr> <tr><td>FINISH (Interior)</td></tr> <tr><td>HANDLES</td></tr> <tr><td>HANDLE BOLTS</td></tr> <tr><td>STENCILING - NAMEPLATE</td></tr> </table>	FINISH (Exterior)	REMARKS	FINISH (Interior)	HANDLES	HANDLE BOLTS	STENCILING - NAMEPLATE	INSPECTED BY: <i>R.H. Dunt</i>
FINISH (Exterior)	REMARKS						
FINISH (Interior)							
HANDLES							
HANDLE BOLTS							
STENCILING - NAMEPLATE							

CASKET - General Appearance <i>(Check ONLY Discrepancies)</i>	CONDITION OF CASKET (Check One) ☒ SATISFACTORY ☐ UNSATISFACTORY						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">FINISH (Exterior)</td><td rowspan="5" style="width: 50%; vertical-align: top;">REMARKS</td></tr> <tr><td>HANDLES AND FASTENINGS</td></tr> <tr><td>STENCILING - NAMEPLATE</td></tr> <tr><td>CAM LOCKS (Sealing)</td></tr> <tr><td>ODOR OR MOISTURE</td></tr> </table>	FINISH (Exterior)	REMARKS	HANDLES AND FASTENINGS	STENCILING - NAMEPLATE	CAM LOCKS (Sealing)	ODOR OR MOISTURE	INSPECTED BY:
FINISH (Exterior)	REMARKS						
HANDLES AND FASTENINGS							
STENCILING - NAMEPLATE							
CAM LOCKS (Sealing)							
ODOR OR MOISTURE							

ROUTED THROUGH	
☐ MORTUARY OPERATING ROOM	☐ MORTUARY REPAIR SHOP
CONDITION OF REMAINS ☐ SATISFACTORY ☐ UNSATISFACTORY	CASKET REPAIRED ☐
NECESSARY DISINFECTION (Explain)	CASKET EXCHANGED ☐
	SHIPPING CASE REPAIRED ☐
	SHIPPING CASE EXCHANGED ☐
	REMARKS

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE <i>5/18/48</i>	SIGNATURE OF INSPECTING OFFICER <i>R.H. Dunt</i>
------	------	------------------------	------	------------------------	---

INSPECTION

STORAGE LOCATION				PASS. LIST NUMBER <i>008</i>
FLOOR	SECTION	BAY	STORAGE NUMBER <i>721</i>	
STAMP INCOMING OR OUTGOING <i>Out Going</i>				CONTROL NUMBER <i>4789</i>

Engle Grove, Iowa

May 20

1948

Mrs Walter B. Porter



Kastler Funeral Home

Broadway & Cadwell Ave.

To Burial Services for
Howard Ross Porter

60⁰⁰

To opening Grave

15⁰⁰

\$ 75⁰⁰

Paid May 20th 1948
Kastler Funeral Home
by C.A. Kastler



101 20 May 20
Mrs. Walter B. Porter

Ernest Hemingway
Hemingway & Gable, Inc.

to Ernest Hemingway for
Hemingway & Gable, Inc.
\$12.00
\$12.00
Paid May 20 1948
Ernest Hemingway
Hemingway & Gable, Inc.

QMDIG - A -C.ofI.
(Porter, Tec. 5 Howard R.)
Control No. 4789

HAD/eth
28 May 1948

Mrs. Florence Margaret Porter
522 S. Commercial
Eagle Grove, Iowa

Dear Mrs. Porter:

Reference is made to your letter dated 25 May 1948, requesting permission to sign the attached Certificate Form. It is permissible for you to sign the above mentioned form, if you were the person who actually incurred the expenses in connection with the re-burial of your late son, Tec. 5 Howard R. Porter.

Sign all five copies in ink, exactly as typed on the form, retain one carbon copy for your records, and return the original and three carbon copies to this office in the enclosed franked envelope. It is requested that you attached a signed receipted bill from the Funeral Director indicating you incurred the expenses.

Your cooperation in this matter is appreciated.

Very truly yours,

H. A. DAVIS, JR.
Capt., Q.M.C.
Chief, Administrative Br.
AGR Division

2 Incls.

" No.1-QMC Form 1236 (in quin.)
" No.2-Envelope

Egle Quore, Iowa
May 25, 1948.

Lt. Col. Carroll J. Grinnell, G M C.
1819 W. Pershing Road
Chicago - 9 - Ill.

Dear Sir: - My husband, Walter B. Porter, was to have signed the inclosed papers but the day before we received the telegram stating that Howard's body was arriving home, he left for Minnesota. He had been drinking very heavily and still was the last time any of us heard from him. He did not return for the services altho I got in touch with him several days before. None of us have heard anything from him for about 10 days.

At the suggestion of Lyle Thompson, the escort, and Charles Kastler, the undertaker, I am returning these papers and request that you fill in my name in the next paper on the check. The way Mr. Porter has been doing, the money might not go where it is supposed to and I couldn't bear that.

I, Florence Margaret Porter, was made Howard's beneficiary, by him, because he

knew I would handle any money as it should be. His life insurance both army and otherwise was made out to me.

I hope this can be done. I don't like to write this kind of letter but it is necessary. I am a kindergarten teacher in the local school.

Sincerely -

(Florence Margaret) Mrs. Walter B. Porter
522 S. Commercial
Eagle Grove, Iowa.

WU AJ266 19 GOVT COLLECT

EAGLE GROVE IOWA MAY 5 1948 300P

CARROLL J GRINNELL LT COL

QMD DEPOT CHIEF AGR DIV

SHIP REMAINS OF HOWARD ROSS PORTER TO CHAS A KASLER

EAGLEGROVE IOWA AS PREVIOUSLY INSTRUCTED CONTROL NO 4789

WALTER B PORTER.

334P.

4789.

RECEIVED
SIGHT CENTER
MAY 5 4 38 PM '48

File

mgz

7509

MESSAGEFORM

MESSAGE CENTER NO.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS

STA. SER. No.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

NR

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

OR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator) AGR DIV., CHICAGO QUARTERMASTER DEPOT
1819 W. PERSHING RD., CHICAGO, ILL.

SECURITY CLASSIFICATION

ACTION TO:

MR. WALTER B. PORTER
522 SOUTH COMMERCIAL
EAGLE GROVE, IOWA

DELR.
&
REPORT
ANY
CHARGES

PRECEDENCE FOR
ACTION INFORMATION

☐ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE
IDENTIFICATION CLASSIFICATION

INFORMATION TO:

THIS HEADQUARTERS ADVISED REMAINS OF LATE **TEG 5 HOWARD R. PORTER**
ARE ENROUTE TO UNITED STATES. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS
DELIVERED TO **CHARLES A. KASTLER, COR. BROADWAY & CADWELL, EAGLE GROVE, IOWA.**
PLEASE CONFIRM ABOVE DELIVERY INSTRUCTIONS WITHIN 48 HOURS OR SUBMIT NEW DELIVERY
INSTRUCTIONS BY TELEGRAM COLLECT TO CHICAGO QUARTERMASTER DEPOT CHICAGO ILLINOIS.
THIS IS YOUR FINAL OPPORTUNITY TO CHANGE DELIVERY INSTRUCTIONS AT GOVERNMENT
EXPENSE. IMPOSSIBLE TO GIVE YOU DEFINITE DELIVERY DATE. THREE DAYS PRIOR TO
SHIPMENT FROM THIS DEPOT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL
ROUTING AND SCHEDULED TIME OF ARRIVAL AT RAILROAD STATION WHERE HE WILL BE REQUESTED
TO ACCEPT REMAINS ACCOMPANIED BY MILITARY ESCORT AND TO INFORM YOU TO COMPLETE
FUNERAL ARRANGEMENTS. YOUR COOPERATION WILL GREATLY ASSIST THIS OFFICE. IF YOU
DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD REQUEST LOCAL PATRIOTIC OR VETERANS
ORGANIZATION TO MAKE ARRANGEMENTS. IN TELEGRAM REPLY REFER TO CONTROL NUMBER
4789 AND NAME OF DECEASED.

CARROLL J. GRINNELL
LT. COLONEL, QMC
CHIEF, AGR DIV.

REV. 4E

SECURITY CLASSIFICATION

SIGNATURE

AUTHORIZATION

ORIGINATING AGENCY

SYMBOL

DATE-TIME GROUP

OFFICIAL TITLE

PAGE OF

MR. WALTER B. PORTER
888 SOUTH CENTRAL
EAGLE GROVE, IOWA

ERIC S. HOWARD R. PORTER

CHARLES A. KASTLER, COR. BROOKMAN & GARDEN, EAGLE GROVE,

IOWA.

RECEIVED
SIGNAL CENTER

MAY 3 4 45 PM '48

4583

CERTIFICATE

(AR 30-1830)

CONTROL NO. 4789

WW II

FORWARD COPY

TO:

1. FILL IN EITHER PART A OR PART B; NOT BOTH.

2. USE PART A WHEN INTERMENT IS IN A CIVILIAN OR PRIVATE CEMETERY.

3. USE PART B WHEN REMAINS ARE DELIVERED TO HOME, OR OTHER PLACE PRIOR TO BURIAL IN A NATIONAL OR POST CEMETERY.

QUARTERMASTER GENERAL, WASHINGTON, D. C.

ATTN: HDQRS. A. G. B. S.

JUN 16 1948

PART A - CIVILIAN OR PRIVATE CEMETERY

A

REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT <u>PORTER, HOWARD R.</u>	GRADE <u>TEC. 5</u>	SERIAL NUMBER <u>17068393</u>	COMPONENT <u>U.S. ARMY</u>
--	------------------------	----------------------------------	-------------------------------

I certify that the sum of \$ 75 was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.

INSERT NAME OF CEMETERY <u>Rose Hill</u>	CITY OR COUNTY <u>Eagle Grove</u>	STATE <u>Iowa</u>
INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: AGR DIVISION, CHICAGO QUARTERMASTER DEPOT 1819 W. PERSHING RD., CHICAGO, ILL.		
SIGNATURE OF CLAIMANT <u>Mrs. Florence Margaret Porter</u> MRS. FLORENCE MARGARET PORTER		
ADDRESS OF CLAIMANT (City, Street or RFD, and State) <u>522 S. Commercial, Eagle Grove, Iowa</u>		
RELATIONSHIP TO DECEDENT <u>Mother</u>		DATE <u>May 29 1948</u>

PART B - NATIONAL OR POST CEMETERY

B

REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places:			
INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED		INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED	
INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: AGR DIV., CHICAGO QUARTERMASTER DEPOT 1819 W. PERSHING RD., CHICAGO, ILLINOIS			
SIGNATURE OF CLAIMANT			
ADDRESS OF CLAIMANT (City, Street or RFD, and State)			
RELATIONSHIP TO DECEDENT			DATE

EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.
2. An amount not to exceed \$75 is allowed by the government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.
3. The \$75 maximum allowance by the government toward interment expenses includes but is not limited to the payment of one or more of the following items: hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.
4. Reimbursement by the government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

1. When the remains are delivered to you at government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2. below
2. Reimbursement of transportation expenses is allowed only when the cost to the government to deliver the remains to you is LESS than what it would have cost the government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.
3. Reimbursement by the government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.
4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.



REQUEST FOR DISPOSITION OF REMAINS

GRADE OF DECEASED, NAME, ARMY SERIAL NUMBER AND REPORTED PLACE OF BURIAL

DATE:

T/5 Howard R. Porter, 17 068 393
 Plot B, Row 5, Grave 99,
 United States Military Cemetery
 Ste. Mere Eglise #1, France

17 September 1947

DO NOT WRITE ABOVE THIS LINE

A		C	
B		D	

NOTE.—The next of kin should familiarize himself with the contents of the pamphlet, "Disposition of World War II Armed Forces Dead," before filling out this form. When the proper part of this form is filled out and properly signed by the next of kin, it should be returned to the OFFICE OF THE QUARTERMASTER GENERAL, MEMORIAL DIVISION, WAR DEPARTMENT, WASHINGTON 25, D. C., in the self-addressed postage-free envelope provided for this purpose.

If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

PART I

I, Walter B. Porter
 (PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

(Please indicate relationship to the deceased by placing an "X" in the proper box.)

- ☐ WIDOW ☐ WIDOWER ☐ SON OVER 21 YEARS OLD ☐ DAUGHTER OVER 21 YEARS OLD
☒ FATHER ☐ MOTHER ☐ BROTHER OVER 21 YEARS OLD ☐ SISTER OVER 21 YEARS OLD
☐ RELATIONSHIP OTHER THAN ABOVE (Specify) _____

HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: (Please place an "X" in the box opposite the option you have selected.)

- ☐ 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
☒ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

Rose Hill Cemetery, Eagle Grove, Iowa
 (NAME AND LOCATION OF CEMETERY)

- ☐ 3. BE RETURNED TO _____ (FOREIGN COUNTRY), THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____ (LOCATION OF CEMETERY SELECTED)

- ☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)

(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)

☐ YES ☐ NO

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: (If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.)

None

2010 proc. 9 Dec. 47

C. R. Jones
11/17/47 hms

OQMG FORM 14 NOV 1946 345 MILITARY

16-50411-1

NOV 3

PAGE 1

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

LAST NAME Porter	FIRST NAME Walter	MIDDLE INITIAL B.
NUMBER AND STREET 522 S. Commercial Ave.	CITY OR TOWN Eagle Grove	COUNTY OR PROVINCE Wright
EXPRESS OFFICE (Nearest railroad passenger station) Chicago North Western	TELEGRAPH ADDRESS Eagle Grove, Iowa	STATE OR TERRITORY OF U. S. A., OR COUNTRY Iowa
		TELEPHONE No. 546 R

OR
I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING FUNERAL DIRECTOR WHO HAS AGREED TO RECEIVE THEM:

FULL NAME OF FUNERAL DIRECTOR Charles A. Kastler			
NUMBER AND STREET Cor. Broadway & Cadwell	CITY OR TOWN Eagle Grove	COUNTY OR PROVINCE Wright	STATE OR TERRITORY OF U. S. A., OR COUNTRY Iowa
EXPRESS OFFICE (Nearest railroad passenger station) Chicago North Western	TELEGRAPH ADDRESS Eagle Grove, Iowa		TELEPHONE No. 81

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME Porter	FIRST NAME Florence	MIDDLE INITIAL M	RELATIONSHIP TO DECEASED mother
NUMBER AND STREET 522 S. Commercial	CITY OR TOWN Eagle Grove	COUNTY OR PROVINCE Wright	STATE OR TERRITORY OF U. S. A., OR COUNTRY Iowa

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 4.)

Chicago and Great Western R.R. also goes through Eagle Grove

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

Walter B. Porter (SIGNATURE OF NEXT OF KIN) **522 S. Commercial** (STREET AND NUMBER)
Walter B. Porter (NAME PRINTED OR TYPED) **Eagle Grove, Iowa.** (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this **18** day of **Oct**,
19 **47**, at city (or town) of **Eagle Grove**, county of **Wright**, and State (or Territory or District) of **Iowa**

*NOTE.—Page 4 is part of the notarial attestation.

George E. Heard (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Pub. My Comm. Ex. July 4, 1948 (OFFICIAL TITLE)

PART I—RELINQUISHMENT OF DISPOSITION AUTHORITY

If you are the next of kin and you desire to relinquish your disposition authority, please fill in PART II of this form.

I, THE _____, AS THE NEXT OF KIN OF THE DECEASED
(PLEASE INSERT RELATIONSHIP)
NAMED IN PART I OF THIS FORM, DO HEREBY RELINQUISH MY RIGHTS TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED.
THE NEXT EXISTING PERSON IN THE ORDER OF ELIGIBILITY OF DECEDENT'S SURVIVORS IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

WHOM I UNDERSTAND SHALL HAVE THE RIGHT TO DIRECT FINAL DISPOSITION OF THE REMAINS OF THE DECEASED.

_____	_____ (DATE)
(SIGNATURE OF NEXT OF KIN)	(STREET AND NUMBER)
_____	_____
(NAME PRINTED OR TYPED)	(CITY AND STATE)

PART III

If you are NOT the next of kin authorized to direct the disposition of remains, please fill in PART III of this form.

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

_____	_____ (DATE)
(SIGNATURE)	(STREET AND NUMBER)
_____	_____
(NAME PRINTED OR TYPED)	(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTION

All remarks and information entered here will be considered as part of the Notarial Attestation.



47
T/5 Howard R. Porter, 17 068 393
Plot B, Row 5, Grave 99,
United States Military Cemetery
Ste. Mere Eglise #1, France

17 September 1947

Mr. Walter B. Porter
522 South Commercial Street
Eagle Grove, Iowa

Dear Mr. Porter:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

Incls
218
SEP 25 12 44 PM '47
O. G. M. G.
MAIL & RECORDS BRANCH

dpp

ca

293 Porter, Howard Ross

FLAG INFORMATION

NAME. . Porter, Howard Ross ASN. 17068393
FLAG FURNISHED BY V.A.
DATE. July 22-44
FORM RETURNED TO VETERANS' ADMINISTRATION . . file date
. 20 oct 45

99

SPQYG 293
Porter, Howard R.
S. N. 17 068 393

20 January 1945.

Address Reply to THE
QUARTERMASTER GENERAL.

Mrs. Florence M. Porter,
522 South Commercial Street,
Eagle Grove, Iowa.

Dear Mrs. Porter:

Acknowledgment is made of your letter of recent date requesting information concerning your son, the late Technician Fifth Grade Howard R. Porter.

The official records of this office show that the remains of your son were interred in the U. S. Military Cemetery, St. Mere Eglise #1, France, Plot B, Row 5, Grave 99.

Please accept my sincere sympathy and condolence in the loss of your son.

For The Quartermaster General:

Sincerely yours,

MAYO A. DARLING,
Lt. Colonel, Q. M. C.,
Assistant.

CCP

ep

Eagle Grove, Iowa 82
Jan. 4, 1945

Quartermaster General
A. S. F.

Washington, D. C.

Dear Sir: - I received a letter from
Major Gen. Maxwell Taylor at Hq. 293
of the 101st Airborne Division.
I received this letter a couple of
months ago.

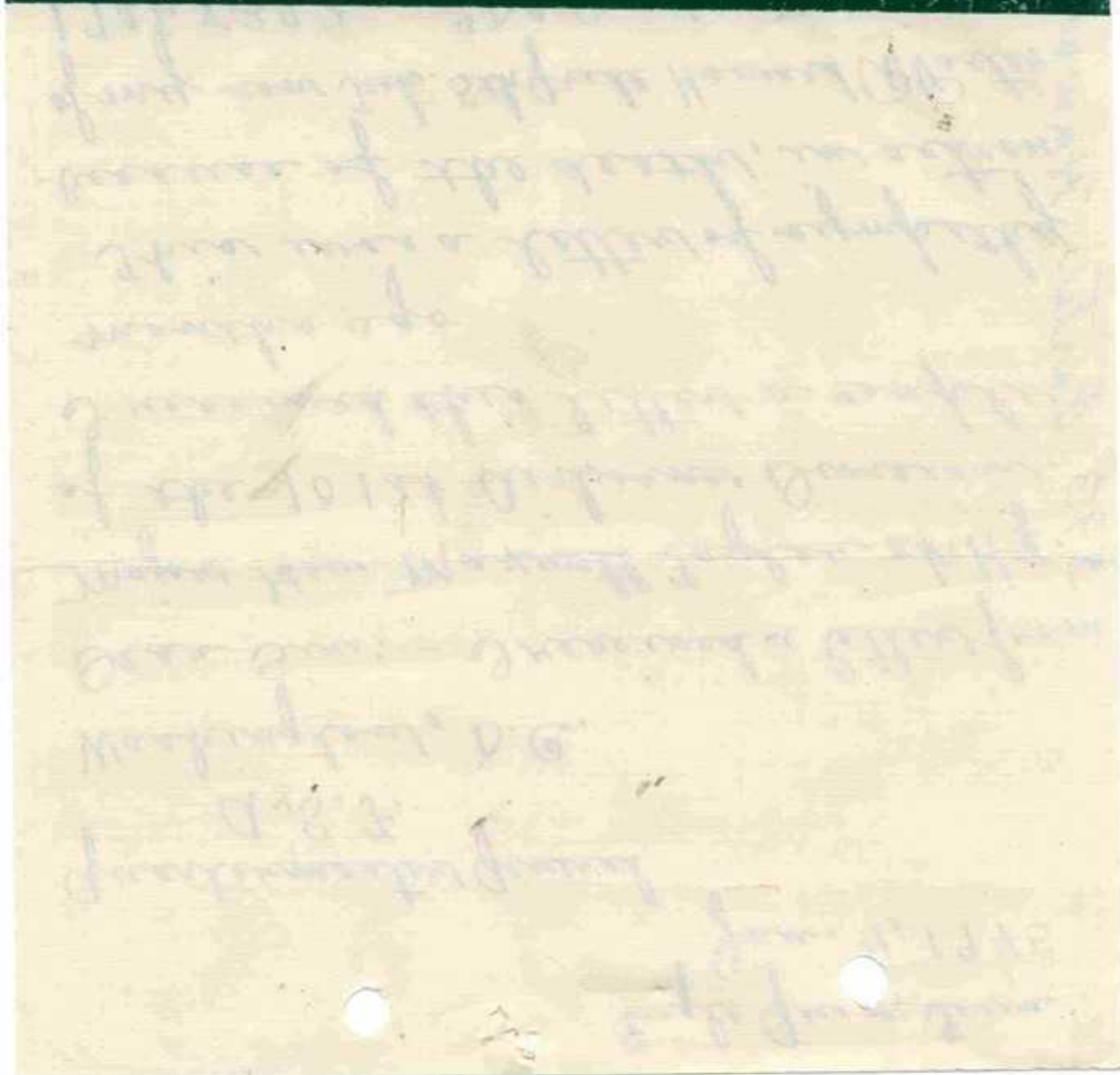
This was a letter of sympathy
because of the death, in action, 293
of my son Tech. 5th Grade Howard R. Porter
17068393 on "D" Day in Normandy.
He was in the medical detachment
of the 506th Pchbt. Infantry.

Major Gen. Taylor wrote he could
not give me details of Howard's
burial place but referred me
to your office for this information.
Will you please send this to me?

Mrs. Florence M. Porter
522 S. Commercial
Eagle Grove, Iowa

JAN 9 3 06 PM '45

MEMORIAL DIVISION



RESTRICTED
REPORT OF BURIAL
TM 10-630 AND AR 30-1815

8711
June 13 1944

819

Porter

Howard

R.

17068393

Last Name

First

Initial

Rank

Serial No.

101st Airborne Inf.

506 PARA INF REGT

Unit

Organization

France

June 12 1944

KIA

Place of Death

Date of Death

Cause of Death

June 12 1944

90th Div Cem

St Mere Eglise #1

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

99

5

Plot B

Temporary

Grave Number

Row Number

Plot Number

Type of Marker

Disposition of Identification Tags: Buried with body Yes ☒ No ☐ Attached to Marker Yes ☒ No ☐

If No Identification Tags

How were remains identified?

What means of identification were buried with the body?

To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Ramirez W

38007688

Pvt

101st A/B

100

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Snow I C

37138279

Pvt

90th Div

98

Name

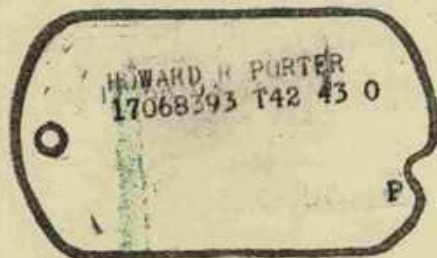
Serial No.

Rank

Organization

Grave No.

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below:

Emergency Addressee

Name

Address

Religion

Protestant

List only Personal Effects Found on Body and disposition of same:

- 1 Fountain Pen
- 1 Pocket watch
- 1 Wallet

Forwarded to Effects Quartermaster.

200 Francs

Money exchanged for Treasurer Check.

Signature of Officer or other person reporting burial

JOE P. FALES
1st Lt QMC

Verified by G.R.S. Officer

King
15 SEP 1944 FILE

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height: Laundry Marks:
Weight: Number of Rifle:
Color of Eyes: Wear Glasses?
Color of Hair: Is Tooth Chart Attached?
Race:

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Left Hand

2

1

Thumb

Right Hand

2

1

Thumb

TOOTH CHART

Deceased's Left													
8	7	6	5	4	3	2	1	1	2	3	4	5	6
8	7	6	5	4	3	2	1	1	2	3	4	5	6
Upper													
Lower													

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ∩ linking anchor teeth; replacements by artificial teeth X

Characteristics:

Other Data:

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
 WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 19 July 1944
 who/ip 4632

FULL NAME <u>Porter, Howard R.</u>		ARMY SERIAL NUMBER <u>17 068 393</u>	GRADE <u>Tec 5</u>			
HOME ADDRESS <u>Eagle Grove, Iowa</u>		ARM OR SERVICE <u>Medical Dept</u>	DATE OF BIRTH <u>14 Aug 20</u>			
PLACE OF DEATH <u>France</u>	CAUSE OF DEATH <u>Killed in Action</u>		DATE OF DEATH <u>6 June 44</u>			
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>3 Sept 42</u>	LENGTH OF SERVICE FOR PAY PURPOSES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">YEARS <u>1</u></td> <td style="width: 33%;">MONTHS <u>9</u></td> <td style="width: 33%;">DAYS <u>4</u></td> </tr> </table>	YEARS <u>1</u>	MONTHS <u>9</u>	DAYS <u>4</u>
YEARS <u>1</u>	MONTHS <u>9</u>	DAYS <u>4</u>				
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Florence M. Porter, mother, 522 South Commercial St., Eagle Grove, Iowa</u>						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Florence M. Porter, mother, 522 South Commercial St., Eagle Grove, Iowa</u> <u>Walter B. Porter, father, 522 South Commercial St., Eagle Grove, Iowa</u>						
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT			
YES	NO	YES	NO			
	<u>X</u>	<u>X</u>	<u>X</u>			
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE				
YES	NO	YES	NO			
<u>X</u>						
IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)				
YES	NO	YES	NO			
	<u>X</u>	<u>X</u>				

ADDITIONAL DATA AND/OR STATEMENT

ON PARACHUTE PAY

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A.
2. O. G. H. G.	O. F. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

☒ BATTLE
☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

[Signature]
 J. A. Marshall
 ADJUTANT GENERAL

Summary Court-Martial
ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
601 Hardesty Avenue
Kansas City 1, Missouri

Case No. 116294 D

Date 3 Jan 45

SUBJECT: Report of transactions in disposing of the effects of

Howard R. Porter

(Name of deceased)

17068393

(Army Serial Number)

late a

T/5th

(Grade)

Medical Dept.

(Organization, Army or Service)

who died

on the 6 day of June, 19 44, at France

TO : The Adjutant General, War Department 25, D.C.

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O. 223, Hq., KCQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

a. No legal representative or widow of decedent being present at decedent's camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.

b. Local debtors owed decedent's estate \$ none, of which the sum of \$ none was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl. _____.)

c. Decedent owed undisputed local creditors the sum of \$ none, which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt none, Incl. _____)

d. Disposition of decedent's effects (less money paid creditors, if any) has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING below)

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 29 Dec 45, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Walter B. Porter for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Walter B. Porter of (Name of person found entitled)

522 South Commercial Street

(Number, Street or Avenue)

Eagle Grove

(City, Town or Village)

State of

Iowa

, is the

Father

(Relationship or Capacity)

of the

above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

W. F. HEHMAN, MAJOR, M.C.

(Name, Rank, Organization)

SUMMARY COURT MARTIAL

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
 WASHINGTON 25, D. C.

REPORT OF DEATH

116284 ✓
 DATE 19 July 1944
 who/ip 4632

FULL NAME Porter, Howard R.				ARMY SERIAL NUMBER 17 068 393		GRADE Tec 5							
HOME ADDRESS Eagle Grove, Iowa				ARM OR SERVICE Medical Dept		DATE OF BIRTH 14 Aug 20							
PLACE OF DEATH France			CAUSE OF DEATH Killed in Action			DATE OF DEATH 6 June 44							
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 3 Sept 42		LENGTH OF SERVICE FOR PAY PURPOSES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YEARS</td> <td>MONTHS</td> <td>DAYS</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">9</td> <td style="text-align: center;">4</td> </tr> </table>		YEARS	MONTHS	DAYS	1	9	4
YEARS	MONTHS	DAYS											
1	9	4											
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Florence M. Porter, mother, 522 South Commercial St., Eagle Grove, Iowa													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Florence M. Porter, mother, 522 South Commercial St., Eagle Grove, Iowa Walter B. Porter, father, 522 South Commercial St., Eagle Grove, Iowa													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	X	X			X	X					X	X	

ADDITIONAL DATA AND/OR STATEMENT

ON PARACHUTE PAY

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A.
2. O. G. M. G.	O. F. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

☒ **BATTLE**
☐ **NON-BATTLE**

BY ORDER OF THE SECRETARY OF WAR:

J. A. Marshall
J. A. Marshall

ADJUTANT GENERAL

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

-BATTLE CASUALTY REPORT

NAME PORTER HOWARD R	SERIAL NUMBER 17068393	GRADE TEC5	ARM OR SERVICE MD	REPORTING THEATRE ETO
PLACE OF CASUALTY FRANCE	DATE OF CASUALTY DAY: 06 MONTH: JUN YEAR: 44	FLYING OR JUMPING STAT J	TYPE OF CASUALTY KIA	
		SHIPMENT NUMBER 115		

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

MR.-MRS.-MISS MRS.	FIRST NAME FLORENCE	MIDDLE INITIAL M.	LAST NAME PORTER	RELATIONSHIP MOTHER
NO. AND NAME OF STREET 522 SOUTH COMMERCIAL		CITY EAGLE GROVE	COUNTY IOWA	STATE IOWA

REMARKS:

☐ CORRECTED COPY

EVIDENCE OF DEATH RECEIVED

IN W. D. 6 JULY 1944 DA



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ☒ FORM 43 AG 201 REQ				
CASUALTY BRANCH FILE ATTACHED ☒		OR CHARGED TO FILE		DATE 2 July 44
PREVIOUSLY REPORTED NO ☐ YES ☒ (AS INDICATED BELOW):				
FILE NO. shipment 105	MESSAGE NO.	TYPE LIA	DATE AND AREA 6 Jun 44 ETO*	E. A. NOTIFIED 26 Jun 44
<i>Tele not</i>				
REPORT NOT VERIFIED ☐ NO FORM 43 ☐ NO CAS. BR. FILE ☐ CHECKED BY Hahn 5 July 44 REVIEWED BY Ambrase				

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA		CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE		COMP	RACE										
			DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY												
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

DISTRIBUTION 37

COPIES FURNISHED:

☐ AIR ADJUTANT GENERAL ☐ AMERICAN RED CROSS ☐ ARMY EFFECTS BUREAU ☐ ASST. CHIEF OF STAFF, G-1 ☐ BUREAU OF PUBLIC RELATIONS ☐ CASUALTY PAY RECORDS BR., O.F.D. ☐ CHIEF OF ARM OR SERV. CONCERNED ☐ CHIEF OF STAFF ☐ CHRONOLOGICAL UNIT, CAS. BR. ☐ CHIEF, P.O.W. BR., M.J.S., W.D.G.S.	☐ CHIEF, WAR BOND DIVISION ☐ CHIEF, WAR BOND OFFICE ☐ C.G., ARMY GROUND FORCES ☐ C.G. 7 SERVICE COMMAND ☐ DIR. OF SPECIAL SERVICES DIV. ☐ DIRECTOR, W.A.C. ☐ ENLISTED BRANCH, A.G.O. ☐ FINANCE OFFICER, U. S. ARMY, WASH., D.C. ☐ MACHINE RECORDS BRANCH, A.G.O. ☐ OFFICE OF DEPENDENCY BENEFITS	☐ OFFICERS BRANCH, A.G.O. ☐ P.O.W. INFO. BUREAU, O.P.M.S. ☐ SEAMEN'S RECORDS & WELFARE UNIT U.S.C.G. ☐ SOCIAL SECURITY BOARD ☐ SURGEON GENERAL ☐ THE ADJUTANT GENERAL ☐ U. S. EMPLOYEE'S COMPENS. COMM. ☐ WAR SHIPPING ADMINISTRATION ☐ WILLS UNIT, CASUALTY BRANCH
--	--	--

116234

RTM:R:ms
August 3, 1945

Mr. Walter B. Porter
522 South Commercial Street
Eagle Grove, Iowa

Dear Mr. Porter:

The Army Effects Bureau has received from overseas some personal effects of your son, Technician Fifth Grade Howard H. Porter.

These effects are being forwarded to you in one carton.

If, by any chance, the property has not reached you at the expiration of thirty days from this date, please notify me and tracer will be instituted.

The action of this Bureau in transmitting personal effects does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of the soldier's legal residence.

I regret the circumstances prompting this letter, and wish to express my sympathy in the loss of your son.

Yours very truly,

P. L. KOOB
1st Lt., QMC
Officer-in-Charge
ST Unit

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. Walter B. Porter
522 South Commercial Street
Eagle Grove, Iowa

SHIP TO:

T/5 Howard R. Porter

Effects of: 17068393
Name

ASN 116284D

Case No.

Wt.

DATE 3 August 1945

J. Taylor
FOR: Effects Quartermaster

REMARKS: RTB:RW:me
____ Inclose Bureau Check
____ Acct. No. _____
____ Amount _____
____ Inclose "Valuables" item
____ Ship "Valuables" item(s)

____ Remove G.I.
____ Note discrepancy in _____
____ Film removed
____ Diary removed
____ Laundry removed

ROUTING:

____ Accounting Branch
____ Warehouse Division
____ Files Branch, Adm. Div.

REMARKS:

Franked **FRANKED AUG 6 1945**
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages 7

BT
Shipping Clerk

PACKAGE DESCRIPTION <i>#1 ctn</i>	ARMY EFFECTS BUREAU INVENTORY		DECEASED ☒
			MISSING ☐
			P.O.W. ☐
			ABANDONED ☐
		114,284 DC	TALLY NO. <i>9056</i>
			INV. DATE <i>24 July 45</i>
			ORIG. NO. OF PKGS. ☐
			BOX NO. ☐
			SHEET OF <i>1</i> SHEETS
			ORGANIZATION <i>506 Pch Inf</i>

NAME *HOWARD R. PORTER*
 A.S.N. *17068393* RANK *T15*

Belt	☒	TOWELS & WASHCLOTHS	☐	WINGS
ALT. MONEY (NO MONEY)	☒	CLOTHING	☐	BAGS, CLOTH OR TRAVEL
Cloth, Wash	☐	BRACELET IDENT.	☐	BILLFOLD, (NO MONEY)
Coats	☐	Brushes	☐	Case
Footwear, Pr.	☐	CAMERAS	☐	Footlocker
Gloves, Pr.	☐	Glasses	☐	KIT, SEP. TLT. OR WRITING
Handkerchiefs	☐	Knives	☐	BOOKS
Headwear	☐	Lighters	☐	Books, Address
Jackets	☒	MISC.	☐	Books, Pilot Log
Overcoats	☐	Pen, Fountain	☐	DIARY (REMOVED FOR DUR)
Scarfs	☐	Pencil, Mechanical	☐	FILMS
Shirts	☐	Pipes	☐	Letters
Socks, Pr.	☐	RELIGIOUS ARTICLES	☐	Papers, Personal
Ties	☒	RIBBONS, DECORATION	☐	Photos
Towels	☐	Rings	☐	Shoe Shine Articles
Trousers, Pr.	☐	Tobacco	☐	SHORT SNOOPER
Trunks, Pr.	☐	Toilet Articles	☒	SOUVENIRS
Underwear	☐	WATCH	☒	SOUVENIR MONEY
			☒	Stationery
			☒	TESTAMENTS
				U.S. MONEY (AMOUNT)

we 7-31-45

REMARKS *(mother)*
Florence Porter
522 So. Commercial St.
Eagle Grove - Iowa

ATTACHMENTS ☒ FORM #54 ☐ FORM #100

C.A.T. <i>none</i>	WEIGHT	G.I. REMOVED
WAREHOUSE SPACE <i>3187</i>	DATE SHIPPED <i>AUG 6 1945</i>	☒ SHORTAGE ON REVERSE
INVENTORIED BY <i>Jackson</i>		IDENT. TAGS REMOVED
PACKED BY <i>Couch</i>		DIARY REMOVED
CHECKED BY <i>474</i>		LOCKED STORAGE
	☒ #43 OR ADDITIONAL	LAUNDRY REMOVED
		FILM REMOVED

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

I certify that the above listed items were
not in the containers inventoried by me:

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

NAME PORTER, H. R. T/ 8393

BAY	PALLET	BOX	TALLY
52	79		9056
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
CTN			

ER. QM Form 43

INVENTORY OF EFFECTS

(See AR 600-550)

Pexton, Howard R 1706939
 (Last name) (First name) (Middle initial) (Army serial number)
 late a 1st Lt 506 Pch't Inf
 (Grade) (Organization or arm or service)
 who died on the 22 day of June, 1941

CLASS I—Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

NUMBER	ARTICLES	*PACKAGE NUMBER
	Insignia ✓	
1	Bible ✓	
	Photos ✓	
1	Sewing kit ✓	
1	Diary ✓	
14	Goggles ✓	
	Personal letters ✓	

*To be filled out only in case of shipment to The Adjutant General.

CLASS II—Other effects

NUMBER	ARTICLES
1	Cap ✓
1	Scarf ✓
1	Sweater ✓

CLASS II—Continued

NUMBER

ARTICLES

Money

Specie \$ _____

Notes \$ _____

I CERTIFY that the foregoing inventory comprises all the effects of the deceased whose name appears on the first page hereof, and that *the effects were delivered

to _____

(Give name and degree of relationship; if legal representative

or beneficiary named by the deceased, so state)

*the effects of class I have been forwarded to The Adjutant General and those of class II have been sold.

Effects On 200511

11 W.D. Ann 1st Lt

506 Pocket Pay

(Station)

7 July

(Date)

19 44

*Strike out words not applicable.

Hq 505

/1677



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

JRM:VM:rt
January 3, 1945

IN REPLY REFER TO: 116284 Mc

CB

Mr. Walter B. Porter
522 South Commercial Street
Eagle Grove, Iowa

Dear Mr. Porter:

The Army Effects Bureau has received from overseas some personal effects of your son, Technician Fifth Grade Howard R. Porter.

I am inclosing a check for \$4.03, representing funds which belonged to him. The remainder of the property is being forwarded to you in one package.

If, by any chance, the property has not reached you at the expiration of thirty days from this date, please notify me and tracer will be instituted.

I regret the circumstances prompting this letter, and wish to express my sympathy in the loss of your son.

Yours very truly,

E. L. RICHTER
Administrative Assistant
Army Effects Bureau

1 Incl--
Check

ROUTING

JRM:VM:rt
3 January 1945

1. _____
2. _____
3. _____
4. _____

Attach following item(s) from
Office Safe:

Case No. 116284 D ✓

Attach Bureau Check:

Account No. 43045 ✓ Amount 4.03 ✓ *ps*

Account No. _____ Amount _____

Payable to:

Walter B. Porter ✓

Eagle Grove, Iowa

mm *CB*

(Correspondent)

Check No. 41566

Initials fy

43045

116284

January 5

45

Walter B. Porter

4.03

Four and 03/100

Major Q.M.C.
Asst.

IMMEDIATE ACTION

IN REPLY
REFER TO

WAR DEPARTMENT



Q. M. C. Form 356 (Old Form 493)
Approved December 1, 1922

16-2624-2 GPO

IMMEDIATE ACTION

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. Walter B. Porter

522 South Commercial Street

Eagle Grove, Iowa

T/5th Howard R. Porter, Ship To:

17068393

Effects of

Name

116284 D

ASN

Case No.

Wt.

*file
wa
1-31-45*

FRANKED

Ship Via

G B/L NO.

Date

3 Jan 45

JRM:VM:rt

C Barber

For Effects Quartermaster

PACKAGES SHIPPED

1 pkg

Franked

Est. Exp. Chgs.

Est. P-t. Chgs.

TOTAL

wt.

Date Shipped

JAN 9 1945

REMARKS:

JAN 6 1945

JAN 12 1945

Eff. QM Form 114 (Rev. 3-19-44)

AJ
Shipping Clerk

Porter, Howard R.

SHEET 1 OF 1 SHEETS	ARMY EFFECTS BUREAU INVENTORY		DECEASED ☒
BOX NUMBER 244 - Pal 54	ORIGINAL NUMBER OF PACKAGES 1		MISSING ☐
TALLY NUMBER 5486	INVENTORY DATE 12-20-44	CASE NUMBER 116284	P.O.W. ☐
EFFECTS OF HOWARD R. PORTER		RANK	ABANDONED ☒
A.S.N. 17068393	ORGANIZATION 101st A.B.		

CLOTHING	PERSONAL ITEMS	CONTAINERS
BELT	BRACELET, IDENTIFICATION	BAGS, TRAVEL
BELT, MONEY (NO MONEY)	BRUSHES	BAGS, CLOTH
HEADWEAR	GLASSES	1 BILLFOLD (NO MONEY) w/c
CLOTH, WASH	KNIVES	CASE,
COATS	LIGHTERS	FOOTLOCKER
FOOTWEAR, PR.	MISC. INSIGNIA	KIT, SEWING
GLOVES, PR.	MISC. ITEMS	KIT, TOILET
HANDKERCHIEFS	1 PEN, FOUNTAIN	KIT, WRITING
JACKETS	PENCIL, MECHANICAL	PAPERS AND MISC.
OVERCOATS	PIPES	BOOKS
SHIRTS	RELIGIOUS ARTICLES	FILMS
SOCKS, PR.	RIBBONS, DECORATION	LETTERS
TIES	RINGS	PAPERS, PERSONAL
TOWELS	TOBACCO	PHOTOS
TROUSERS, PR.	TOILET ARTICLES	SHOE SHINE ARTICLES
TRUNKS, PR.	WINGS	SOUVENIRS
UNDERWEAR	* 1 WATCH POCKET	SOUVENIR MONEY
SCARFS	CAMERAS	TESTAMENTS
		BOOKS, ADDRESS
		BOOKS, NOTE
		BOOKS, PILOT LOG
		STATIONERY
		SHORT SNORTER
		U.S. MONEY
		DIARY (REMOVED FOR DURATION)

REMARKS: no information no correspondence	ATTACHMENTS: ☒ FORM #54 1 hr label	☒ FORM #100
C.A.T. none	<div> <div>WEIGHT</div> <div>#43 OR ADDITIONAL</div> <div>GI REMOVED</div> <div>☒ SHORTAGE ON REVERSE</div> <div>IDENT. TAGS REMOVED</div> <div>DIARY REMOVED</div> <div>LOCKED STORAGE</div> <div>LAUNDRY REMOVED</div> <div>FILM REMOVED</div> </div>	
WAREHOUSE SPACE 6/9	STORED BY Jcm	DATE SHIPPED JAN 9 1945
INVENTORIED BY Kerby	CHECKED BY B	
PACKED BY Martin		

SPOT TAGS

200 Francs
money exchanged
for Treas. Check

U S GOV. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

I certify that the above listed items were
not in the containers inventoried by me:

Kirby
INVENTORY CLERK

W. B. Bantelberg
SUPERVISOR

G. I. REMOVED

Serial No. 17068393 Name Porter, Howard R
Grade _____ Rank _____
Organization 101st Airborne Division
Address _____
Nearest Relative _____
Address _____
Killed in Action ☒ Died of Disease _____
Date 6-7-44 Hospital _____
Battle Area NORMANDY, FRANCE Information _____
Place of Burial ST MERE Eglise FRANCE
Point of Coordination _____
Description of Body _____
Members Missing _____

Signed C. B. [Signature] J
[Signature] Capt RMC

INVENTORY OF EFFECTS

(See AR 600-350)

PORTER HOWARD R 17048393

(Last name) (First name) (Middle initial) (Army serial number)

late a 101st AB
(Grade) (Organization or arm or service)

who died on the 7 day of JUNE, 1944

CLASS I—Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

NUMBER	ARTICLES	*PACKAGE NUMBER
1	FOUNTAIN PEN	✓
1	POCKETWATCH	✓
1	WALLET	✓

*To be filled out only in case of shipment to The Adjutant General.

CLASS II—Other effects

NUMBER	ARTICLES

[illegible]

I CERTIFY that the foregoing inventory comprises all the effects of the deceased whose name appears on the first page hereof, and that the effects were delivered to _____ if local representative.

(Give name and degree of relationship; if legal representative

or beneficiary named by the deceased, so state)

*the effects of class I have been forwarded to The Adjutant General and those of class II have been sold.

Capt G M C

ST. MERE EGHISE

24 JUN 1944

(Date)

*Strike out words not applicable.

Hq SOS

1677